

Office of Health Facilities

Application for Ambulatory Surgery Center Facility

Reference Guide for New Applicants

Let's begin!

Log In to the platform

1 Enter your username and password.

2 Click the Log In button.

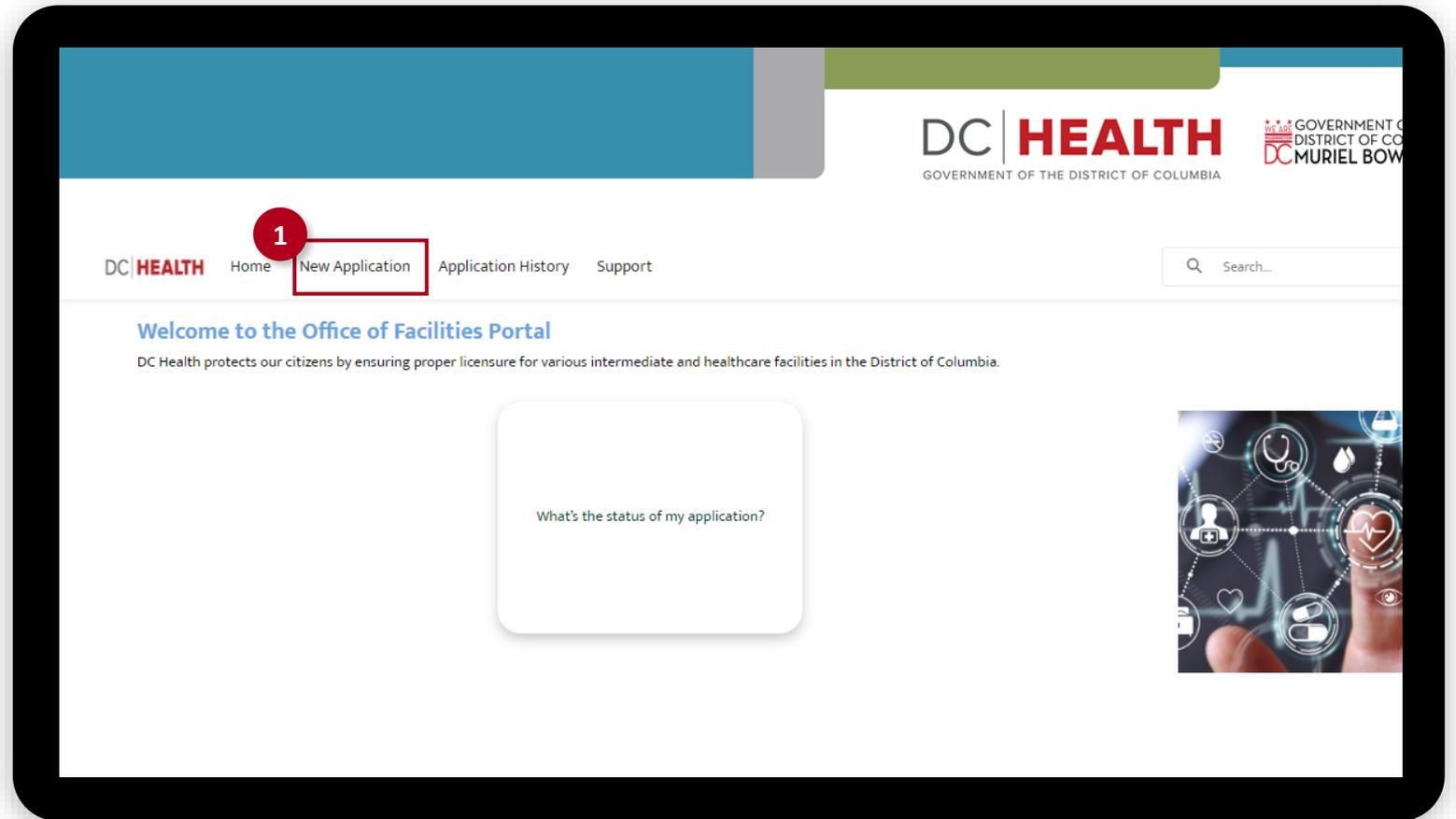


TIP: If you don't have an account click the **Create New Account** link.

The screenshot shows the DC Health login page. At the top right, there is a header with the DC Health logo and the text "GOVERNMENT OF THE DISTRICT OF COLUMBIA" and "MURIEL BOWSER, MAYOR". The main content area features the DC Health logo, a "Welcome to the Office of Health Facilities Portal" message, and a "Login or Create an Account to:" section with a list of options: "Apply for a new medical facility license", "Renew an existing medical facility license", "Check the status of past applications", and "Seek support related to interactions with this office". Below this is an "About DC Health" section. The login form consists of a username field (containing "TestUser17"), a password field (containing "....."), and a "Log in" button. A red box highlights the username and password fields, with a "1" in a red circle next to it. Another red box highlights the "Log in" button, with a "2" in a red circle next to it. Below the login form are links for "Forgot your password?", "Forgot username?", and "Create New Account".

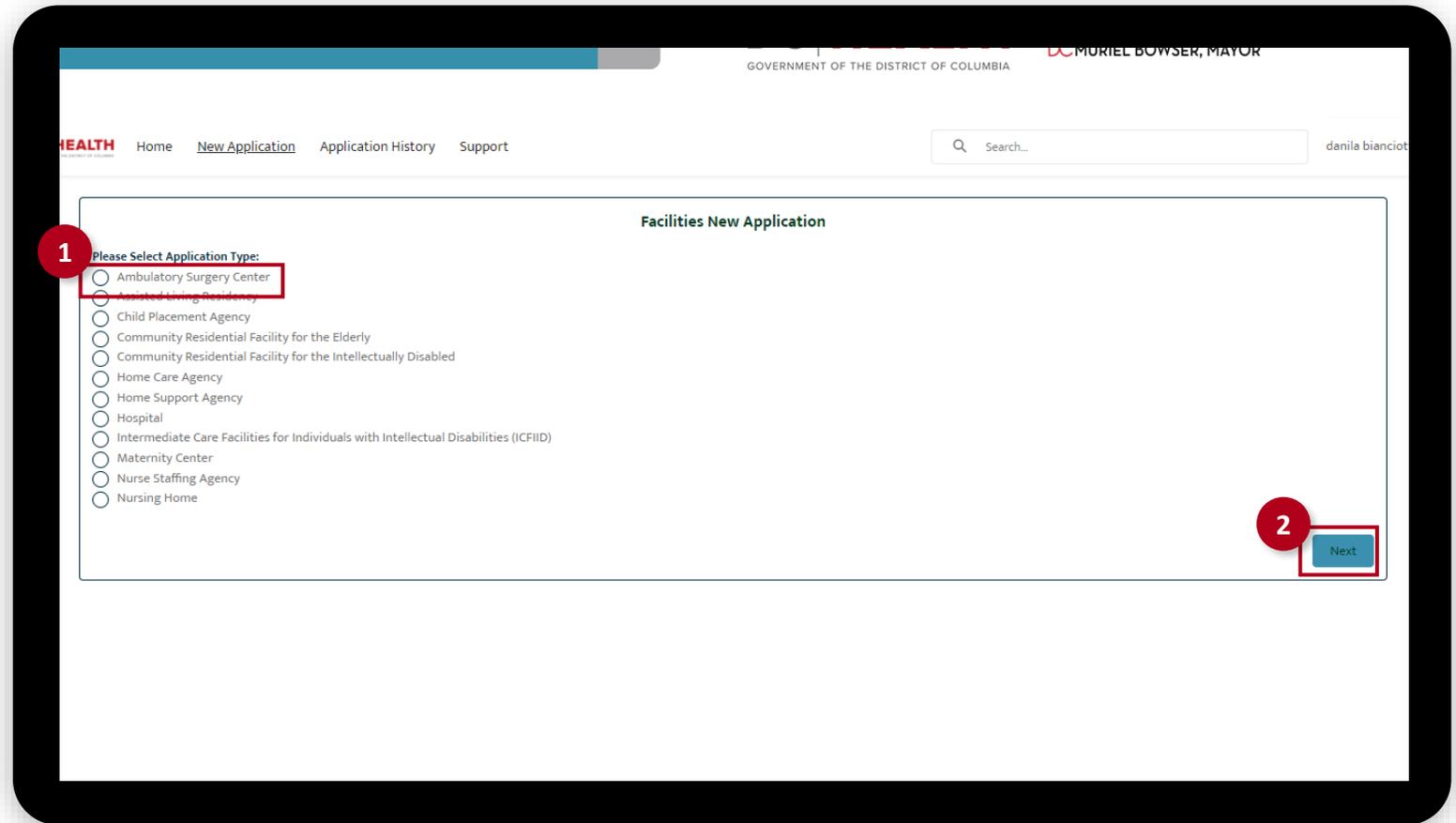
Navigate to the New Application screen

- 1 Once you Log in to the Office of Facilities Portal, click the **New Application** tab.



Select the Facilities New Application

- 1 Select the **Ambulatory Surgery Center** option from the list.
- 2 Click the **Next** button.



Select the Application Type

- 1 Select the **Initial** option from the drop-down list.
- 2 Click the **Next** button.



Fill out the Agency Information

1 Fill out the Officer 1 and Officer 2 information fields.

The screenshot shows a web form titled "Agency Information" on the DC Health website. The form includes a header with navigation links (Home, New Application, Application History, Support) and a search bar. Below the title is a paragraph of text: "Officers of the center named below, certifying that we are twenty-one years of age or older and of reputable and responsible character do hereby apply for a license to maintain and operate a center during the calendar year subject to the provisions of District of Columbia Law 2-65, and to any regulations and standards adopted thereunder." The form is divided into two main sections for Officer 1 and Officer 2. Each section contains fields for: Calendar year, Officer First Name, Officer Last Name, Street Address, City, State (dropdown menu), Zip Code, Phone, and Email. A red box highlights the Officer 1 and Officer 2 information fields, and a red circle with the number 1 is placed next to it.

The fields marked with * are mandatory and must be filled out to continue.

Fill out the Agency Information

- 2 Fill out the Ambulatory Surgical Treatment Center and the Medical Director/Principal Physician information.

The screenshot shows a web form titled "DC HEALTH" with the logo for the Government of the District of Columbia and Mayor Muriel Bowser. The navigation bar includes "Home", "New Application", "Application History", and "Support". A search bar and a user name "danila biancio" are also visible. The form is divided into two main sections, both of which are highlighted with a red border and a red circle containing the number "2".

Section 1: Ambulatory Surgical Treatment Center

- Ambulatory Surgical Treatment Center:
- City:
- Zip Code:
- Name of Person In Charge:
- Street Address:
- State:
- Phone:

Section 2: Medical Director/Principal Physician

- Medical Director/Principal Physician First Name:
- Medical Director/Principal Physician Last Name:
- Street Address:
- City:
- State:
- Zip Code:
- Phone:

The fields marked with * are mandatory and must be filled out to continue.

Fill out the Agency Information

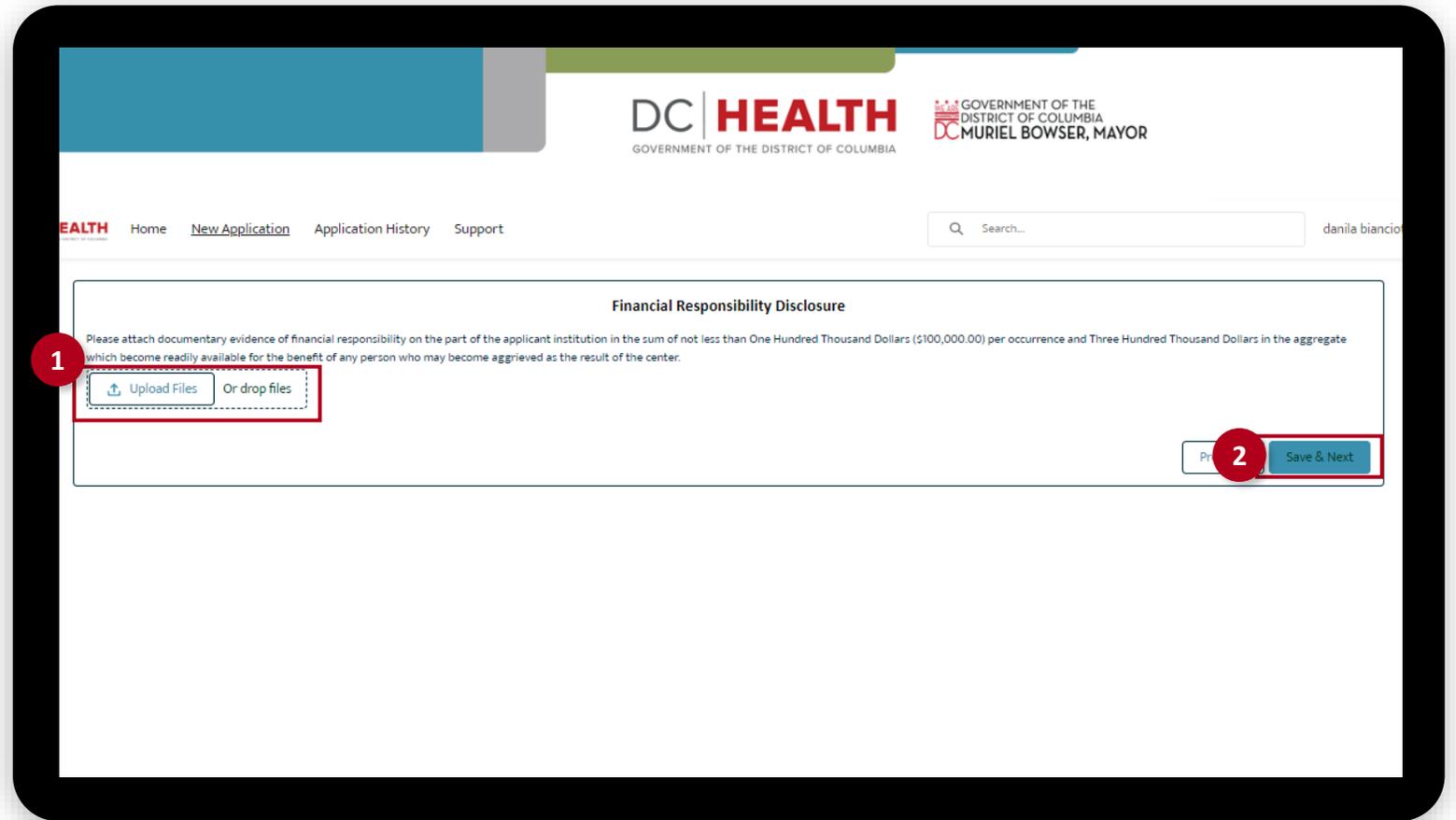
- 3 Fill out the Organization information fields.
- 4 Click the Save & Next button.

 **TIP:** If needed, use the **Upload Files** button to attach needed documentation.

The fields marked with * are mandatory and must be filled out to continue.

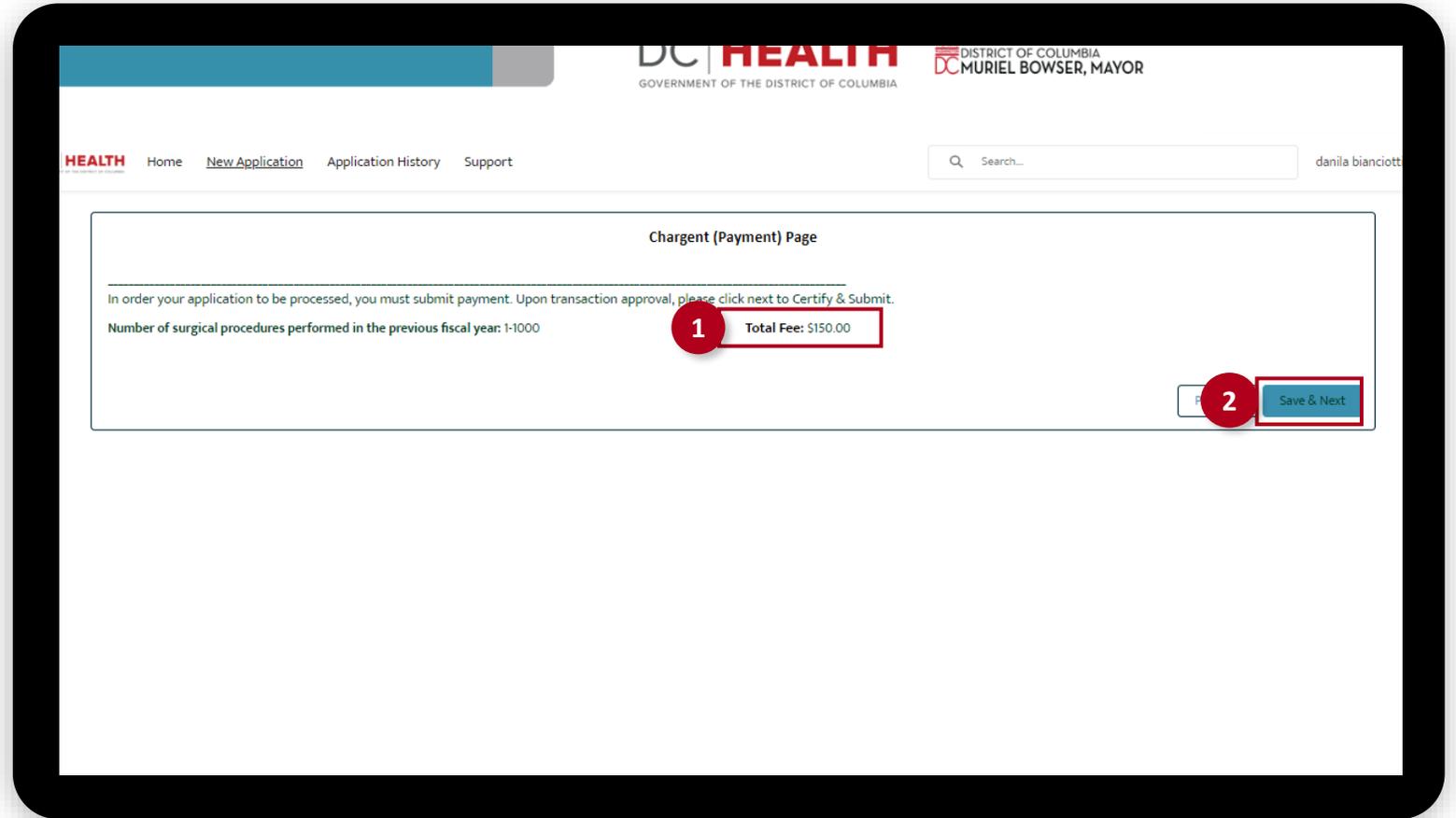
Financial Responsibility Disclosure

- 1 Click the **Upload Files** button to attach needed documents.
- 2 Click the **Save & Next** button.



Payment

- 1 Check if **Total Fee** is correct.
- 2 Click the **Save & Next** button.



*The fields marked with * are mandatory and must be filled out to continue.*

Payment Wizard

- 1 Fill out the **Billing Address** and **Payment Info** fields.
- 2 Click the **Pay** button.

Payment Wizard

Please complete the payment for your application using the form below. Click "Pay" when you are done inputting your payment details. If you are unable to pay at this time, you may exit this saved draft and return to it in the "Application History" tab of the portal header later.

After your payment has processed, click "Next" below to certify and submit the application. Your application will not be reviewed until these steps have been completed.

1

Billing Address	Payment Info
4590 Tatum Shore	Veronica
1	3714 496353 98431 <small>OVERSEAS</small>
Wolffstead	10 / 25
Arizona ?
21001	

2 Pay \$150.00

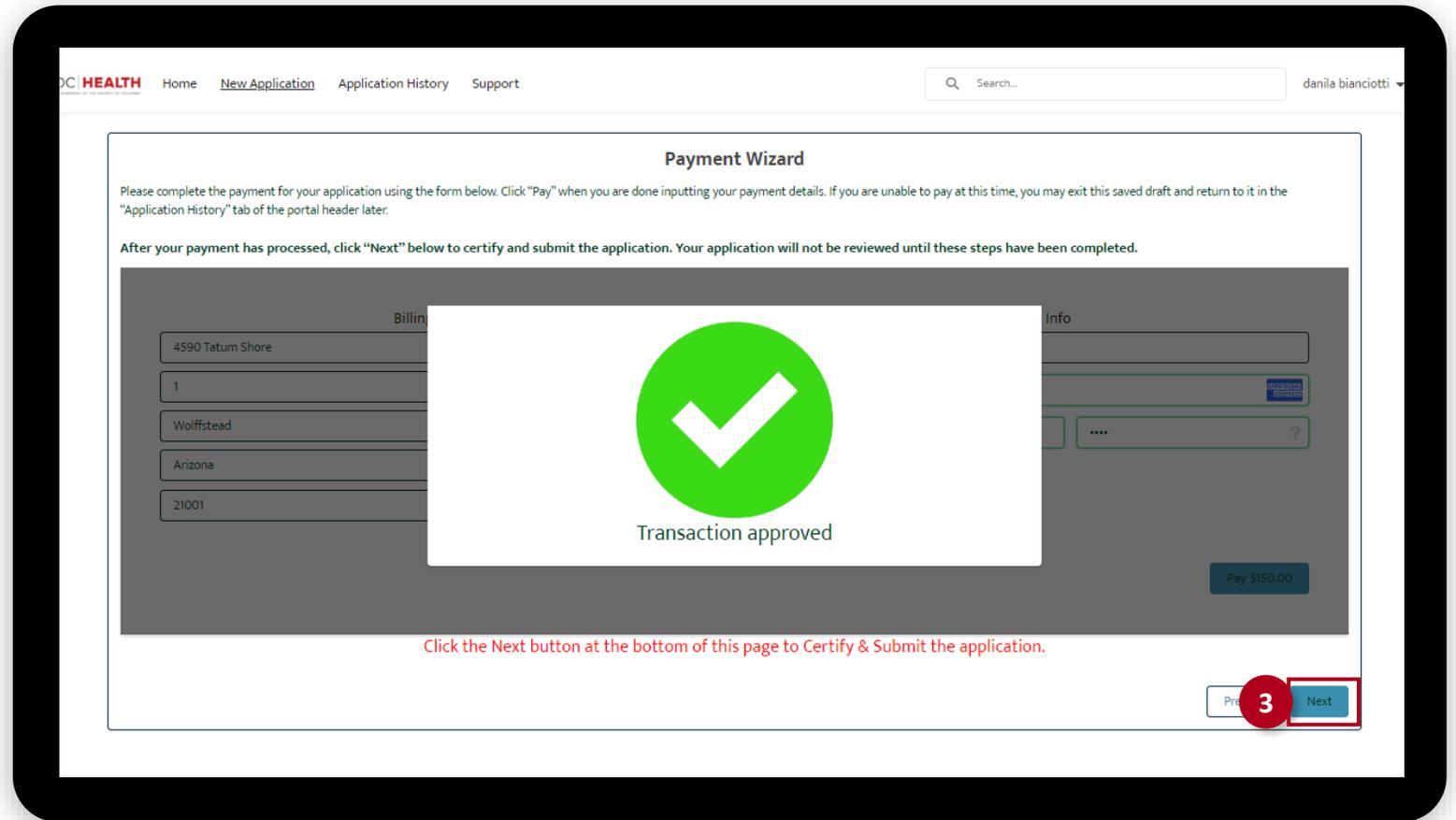
Click the Next button at the bottom of this page to Certify & Submit the application.

Previous Next

Payment Wizard



- 3 Once the Transaction is approved, click the **Next** button.



Certify and Submit

1 Fill out the Name field.

2 Click the Submit button.

DC HEALTH Home [New Application](#) Application History Support

DC HEALTH | **HEALTH** GOVERNMENT OF THE DISTRICT OF COLUMBIA
GOVERNMENT OF THE DISTRICT OF COLUMBIA
DC MURIEL BOWSER, MA

Qui pariatur nemo ut explicabo ipsam unde. Dani Bian

Certify and Submit

By clicking the submit button below, you are acknowledging that you are providing information for an official record and that the information you are supplying is true. By submitting this information, you understand that knowingly and willfully making a false statement on an official record may result in action against your license, registration, or certification and criminal penalties*. This information will be held confidential by the Department of Health.

*(a) A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia government, under circumstances in which the statement could reasonably be expected to be relied upon as true; provided, that the writing indicates that the making of a false statement is punishable by criminal penalties or if that person makes an affirmation by signing an entity filing or other document under Title 29 of the District of Columbia Official Code, knowing that the facts stated in the filing are not true in any material respect or if that person makes an affirmation by signing a declaration under § 1-1061.13, knowing that the facts stated in the filing are not true in any material respect;

(b) Any person convicted of making false statements shall be fined not more than the amount set forth in § 22-3571.01 or imprisoned for not more than 180 days, or both. A violation of this section shall be prosecuted by the Attorney General for the District of Columbia or one of the Attorney General's assistants.

By electronically entering my name on this form, I attest that all statements are true and accurate.

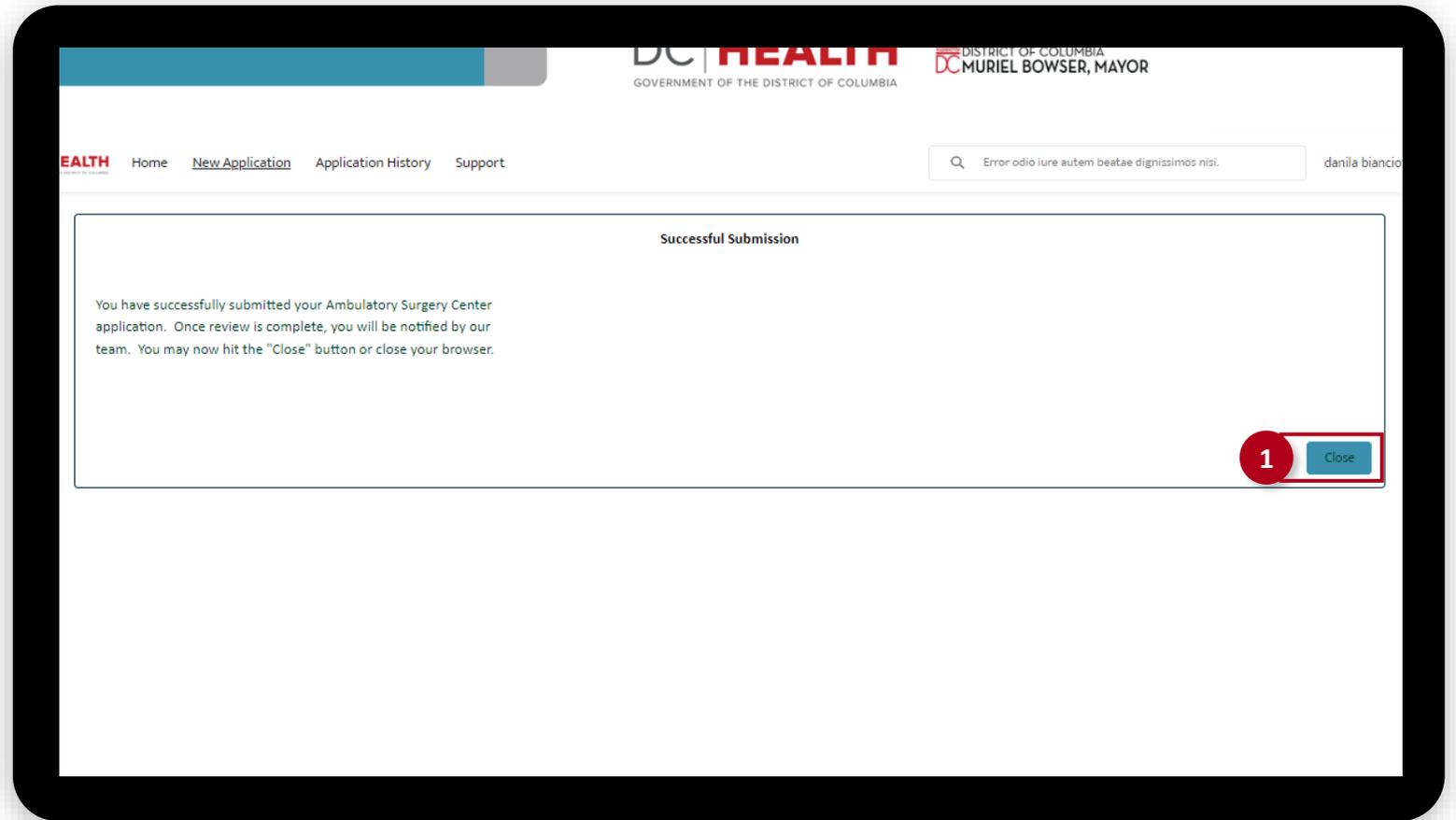
Name: Date: January 24, 2023

1 **2** Submit

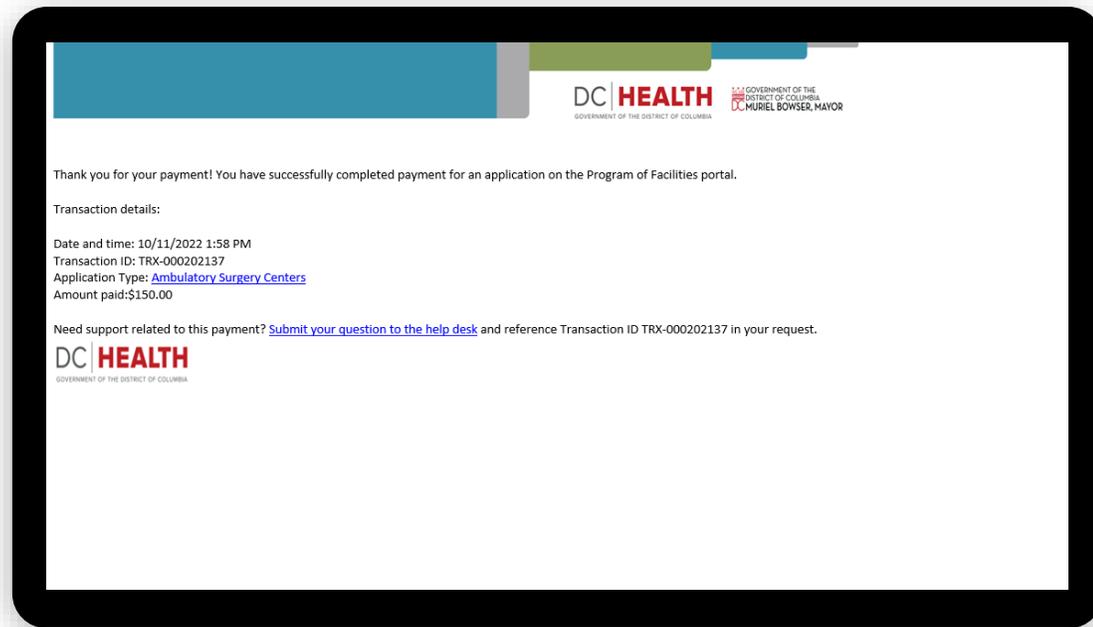
The fields marked with * are mandatory and must be filled out to continue.

Close the Application

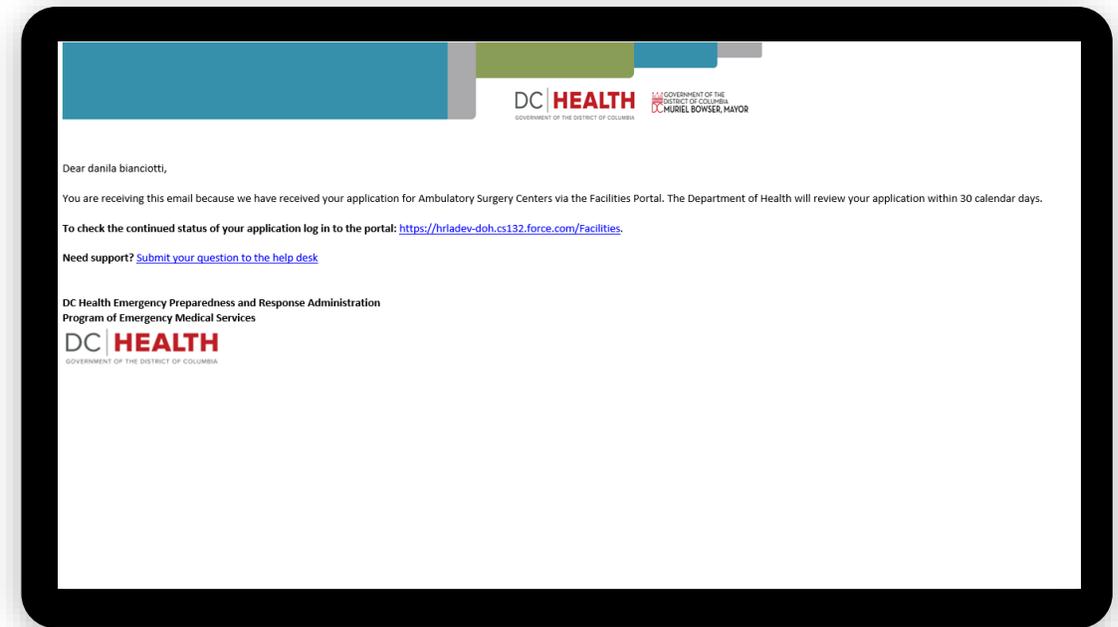
- 1 You have finished submitting your application. Click the **Close** button.



E-mail Confirmation



1 Check if you have received confirmation of payment.



2 Check if you have received confirmation for your application.

Thank you!